P96000074064

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CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Stre	et	98 OCT -2 PM SECRETARY :: S TALLAHASSEE, FI
Address Tallahassee, FL 32301 City State Zip	222-1092 Phone	D STATE FLORIDA
City State ZIP CORPORATIO	N(S) NAME	_
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W P Verifier		

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: NSC Port St. Lucie, Inc.
1b. Date of incorporation September 6, 1996 Document number P96000074064
2. The name and address of the current registered agent and office:
Eileen Gorman c/o Day Surgery
1715 SE Tiffany Ave./Port St. Lucie/FL/34985
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation goride 3332
The street address of its registered agent and the street address of the business of its registered agent as changed will be identical.
Such charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. William W. Horton, Vice President (Type or printed name and title) DATE DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.
C T CORPORATION SYSTEM
SIGNATURE BY: C T CORPORATION SYSTEM SIGNATURE BY: ALL (Registered Agent) DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)